

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445270	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER TENNESSEE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 10299 MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS A Life Safety revisit desk review was conducted on 10/10/2019 for all previous deficiencies cited on 08/12/2019. All deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2019
FORM APPROVED
OMB NO. 0938-0391

45th day / 70th
9-28-19 / 10-23-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445270	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2019
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K 000	INITIAL COMMENTS Stories: 1 Construction type: II Limited Plans on site Constructed: 1991 Sprinklered: Yes Census: 130 A life safety code survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities, on 08/12/2019. During this life safety survey, Tennessee Veterans Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from fire, and the related National Fire Protection Association (NFPA) standard 101 (2012 Edition).	K 000	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general	K 920	

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TITLE

(X6) DATE

John Menden

Administrator

9-29-19

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RECEIVED

8-30-19

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K 920	Continued From page 1 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the electrical equipment. This deficiency affects 2 of 10 smoke compartments, with the potential to affect all residents, staff and visitors. The findings included: 1. Observations on 08/12/2019 at 10:47 AM, revealed a multi plug adapter in room E21. NFPA 99, 10.2.4 (2012 Edition), CMS S&C 14-46 2. Observations on 08/12/2019 at 10:47 AM, revealed a surge protector that was not UL1363 in room E21. NFPA 99, 10.2.4 (2012 Edition), CMS S&C 14-46 3. Observations on 08/12/2019 at 10:50 AM, revealed 2 multi plug adapters in the east hall nurses station. NFPA 99, 10.2.4 (2012 Edition), CMS S&C 14-46 4. Observations on 08/12/2019 at 11:02 AM, revealed an extension cord plugged into a surge protector in the social services office. NFPA 99, 10.2.4 (2012 Edition), CMS S&C 14-46 The maintenance director was present when	K 920	K 920 No residents were affected by this finding. Multi plug adapter in room E21 was immediately removed. The surge protector in E21 was immediately removed and replaced with a UL1363 approved power strip. The two multi plug adapters at the East nurses station were immediately removed. The extension cord located in Social services was immediately removed. Maintenance has checked all rooms to ensure compliance with this finding. Maintenance will continue to make monthly rounds to ensure compliance with Electrical equipment power cords and extension cords. Findings will be reported to QA&A for one month.		9-28-19

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K 920	Continued From page 2 these deficiencies were identified, and were later acknowledged by the administrator during the exit conference on 08/12/2019.	K 920		

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E 000	Initial Comments	E 000		
	<p>A Emergency Preparedness Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 08/12/2019. During this Emergency Preparedness Survey, Tennessee Veterans Home was found in substantial compliance with the requirements for participation in Emergency Preparedness Regulations for Long-Term Care Facilities, Federal CFR §483.73.</p>			

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Administrator

08-29-19

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